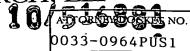
BIRCH, STEWART, KOLASCH & BIRCH, LLP

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Telephone: (703) 205-8000 • Facsimile: (703) 205-8050



PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Fill in Appropriate Information - For Use Without	the specification was filed on United States Application Number			;				
	and amended on	- 2 222						
Specification Attached:	the specification was filed on	June 2, 200	3 /	as PCT				
·	International Application Number	PCT/JP03/06	969/	; and was				
	amended on	<del></del>		(if applicable)				
	I hereby state that I have reviewed and unby any amendment referred to above.  I acknowledge the duty to disclose inform §1.56.			-				
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.							
	I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
Insert Priority Information: (if appropriate)	Prior Foreign Application(s)			Priority Claimed				
	2002-167097(P) / Ja	pan 🖊	June/7/2002	_				
	(Number) .	(Country)	(Month / Day / Year Filed)	Yes No				
	(Number)	(Country)	(Month / Day / Year Filed)					
Insert Provisional	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.							
Application(s):	(Application Number)			(Filing Date)				
	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for any Pat the Filing Date of this Application:	ent or Inventor's Certific	ate Filed more than 12 months	s (6 months for designs) Prior to				
Insert Requested Information:	Country	Application Number		Date of Filing (Month / Day / Year)				
Insert Prior U.S. Application(s):	I hereby claim the benefit under Title 35, Un insofar as the subject matter of each of the clain the manner provided by the first paragraph which is material to patentability as defined filing date of the prior application and the nation (Application Number)	aims of this application is h of Title 35, United Stat in Title 37, Code of Fe	not disclosed in the prior Unit es Code, §112, I acknowledge deral Regulations, §1.56 which nal filing date of this application	ted States and/or PCT application the duty to disclose information the became available between the				
-								
	(Application Number)	(Filing Date)	(Stotuc - n	atented, pending, abandoned)				

## Rec'd PCT/PTO 03 DEC 2004 10/516881

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING:

•				<u></u>			
Full Name of First or Sole Inventor: Insert Name of Inventor	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE November 11,		
Insert Date This Document is Signed	<u>Kazuvuki</u>		Kaznyuki No	ko	2004		
Insert Residence	Residence (City,		,	CITIZENSHIP			
Insert Citizenship	Soraku-qun, Kyoto, Japan  MAILING ADDRESS (Complete Street Address including City, State & Country)			Japanes	Japanese 🖊		
Insert Mailing							
Address			a-cho, Soraku-gun	, Kyoto 61			
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City,	State & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE.		
see above	Residence (City, State & Country)		CITIZENSHIP				
	MAILING ADDRE	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
see above	Residence (City, State & Country)			CITIZENSHIP	CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
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	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Page 2 of 2 (Revised 01/02)							

DATE OF SIGNATURE